

# Human Anatomy & Physiology

**Dates:** August 4-8, 2008

**Location:** Cedar City, Utah

**Credit:** USOE or SUU (3 credits)

**Instructor:** John Taylor

**Instructor Contact Information:** John Taylor  
435.865.8699  
taylorjr@mac.com or  
TaylorJR@suu.edu

**Registration Fee and Deposit:** \$275 registration fee  
\$45 deposit payable to SUU

**Send registration form and deposit to:** Kate Grandison  
Biology Department-SUU  
351 W. University Blvd.  
Cedar City, UT 84720

**Registration Contact Information:** Kate Grandison  
grandison@suu.edu  
435-865-8345

**Course Description:** Be a part of this one-week class and immerse yourself in a hands-on exploration of the structure and function of the human body. We will begin with basic chemistry and the construction of tissues to form organs. With this foundation, we will then work our way through the individual body systems. This course will not only enrich your understanding of the body, but you will get resources and learn strategies for use in the classroom.

The course begins at the SUU campus on Monday August 4<sup>th</sup> at noon, and will span a total of 45 in-class hours. Motel, basic lunch materials, and dinner will be provided as part of the registration cost.



# 2008 Science Professional Development Registration Form

*(Duplicate as Necessary)*

Mail to:

Workshop Contact:

**Sessions fill on a first-come basis. Register early to secure your place.**

Workshop Title	Date	Location	Registration Fee
			\$ 275.00

**Contact Information:**

Teacher: \_\_\_\_\_  
District: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade Level/Subject: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
School phone: \_\_\_\_\_  
CACTUS # : \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Commitment to Attend & District Approval:**

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: \_\_\_\_\_  
\_\_\_\_\_

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ **PERSONAL** Check # \_\_\_\_\_ enclosed **OR**

☐ **SCHOOL** \_\_\_\_\_ **OR**  
*Principal*

☐ **DISTRICT** \_\_\_\_\_  
*District Representative*

*\*Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to This Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Return this completed registration form and your refundable deposit check to the above listed workshop contact.*

**A separate registration form must be submitted for each workshop you plan to attend.**